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Urgent

Confidential

Date: 9-Aug-04

To:	Fax:	Art Unit:
Examiner: E.T. Abraham	(703) 872-9306	2133
USPTO		
From:	Fax:	M/S:
Ted A. Crawford	503-264-1729	JF3-147
Intel Corporation		
Subject: Application No.: 10/041,040	Docket #: 42P13767	
Filed: December 28, 2001	Inventor: Gary Solomon	

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Derek S. Watson Date: August 9, 2004

Message:

Included in this transmission:
Fax Cover Sheet (1 page)
Transmittal (1 page)
Fee Transmittal (1 page submitted in duplicate)
Amendment (5 pages)

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PTO/SB/21 (02-04)

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FORM

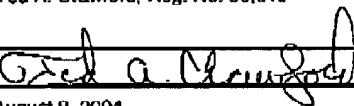
(to be used for all correspondence after initial filing)

		Application Number	10/041,040
		Filing Date	December 28, 2001
		First Named Inventor	Gary Solomon
		Art Unit	2133
		Examiner Name	E. T. Abraham
Total Number of Pages in This Submission	8	Attorney Docket Number	42.P19787

ENCLOSURES (Check all that apply)

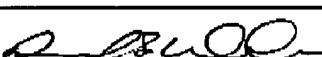
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ted A. Crawford, Reg. No. 50,610	
Signature		
Date	August 9, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date 8/9/04

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	10/041,040
Filing Date	December 28, 2001
First Named Inventor	Gary Solomon
Examiner Name	E. T. Abraham
Art Unit	2133
Attorney Docket No.	42.P13767

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number **50-0221**
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Charge fee(s) indicated below Credit any overpayments
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Fee from below			
Total Claims	Extra Claims	Fee Paid	
Independent Claims	-20** =	X =	
Multiple Dependent	-3** =	X =	
SUBTOTAL (2) (\$)			
3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 8	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (3) (\$)			

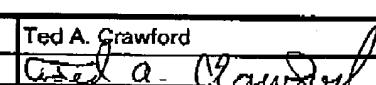
** or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

(Complete if applicable)

Name (Print/Type)	Ted A. Crawford	Registration No. (Attorney/Agent)	50,610	Telephone	503-712-2799
Signature				Date	August 9, 2004

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Attorney Docket No.: P13767

PATENT

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AUG - 9 2004

In re Application of:)
Solomon, et al.)
Application No: 10/041,040)
Filed: December 28, 2001)
For: Method and Apparatus for Signaling)
an Error Condition to an Agent not)
a Completion)

Examiner: Abraham, Esaw T.

Art Unit: 2133

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Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

AMENDMENT AND RESPONSE

Dear Examiner:

In response to the Office Action of May 7, 2004, please consider the following remarks.

Remarks begin on page 2 of this paper.

Application No. 10/041,040
Atty. Docket No. P13767

-1-

Examiner Abraham
Art Unit 2133